

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000665 (9)**

1. Corporation Name

**EXXON WORLDWIDE TRADING COMPANY**



Principal Place of Business

Mailing Address

**200 PARK AVENUE  
FLORHAM PARK NJ 07932  
US**

**P.O. BOX 392  
ROOM 323  
HOUSTON TX 77001-0392  
US**

3. Date Incorporated or Qualified

**02/10/1994**

3a. Date of Last Report

**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-1708847**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fees Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GIDDINGS, J R</b>	
STREET ADDRESS	<b>396 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, C. M</b>	
STREET ADDRESS	<b>396 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>OLSEN, G. E</b>	
STREET ADDRESS	<b>396 ALHAMBRA CIR.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KONTJE, P. H</b>	
STREET ADDRESS	<b>200 PARK AVENUE</b>	
CITY-ST-ZIP	<b>FLORHAM PARK NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>VARMA, C. K</b>	
STREET ADDRESS	<b>200 PARK AVENUE</b>	
CITY-ST-ZIP	<b>FLORHAM PARK NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D. M. Houston</b>	
1.3 STREET ADDRESS	<b>200 Park Avenue</b>	
1.4 CITY-ST-ZIP	<b>Florham Park, NJ 07932</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Joseph G. Lynch</b>	
6.3 STREET ADDRESS	<b>800 Bell Street</b>	
6.4 CITY-ST-ZIP	<b>Houston, TX 77002</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address change.

SIGNATURE:

*Joseph G. Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary **4-22-96** (713) 656-1807

Date

Daytime Phone #

CR2E034 (12/95)

2-2

EXXON WORLDWIDE TRADING COMPANY  
OFFICERS AND DIRECTOR'S LIST

D. M. HOUSTON PRESIDENT/DIRECTOR	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932
G. E. OLSEN VICE PRESIDENT/DIRECTOR	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932
P. H. KONTJE SECRETARY	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932
J. G. LYNCH ASSISTANT SECRETARY	800 BELL STREET HOUSTON, TEXAS 77002
C. K. VARMA TREASURER	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932
A. J. FLEMING ASSISTANT TREASURER	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932
C. M. FITZGERALD DIRECTOR	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932
D. TOWERS DIRECTOR	200 PARK AVENUE FLORHAM PARK, NEW JERSEY 07932